



Nursing

Dr. Ali D. Abbas/ Instructor, Fundamentals of Nursing Department, College of Nursing, University of Baghdad, ali_dukhan@yahoo.com

LEARNING OBJECTIVES

After mastering the contents of this lecture, the student should be able to:

1. Describe the historic perspectives on nursing
2. Definitions of nursing
3. Explain the aims of nursing
4. List the nursing roles

TERMINOLOGIES

Cognitive

Deaconesses

Interpersonal

Legal skills

Nursing

Prevent illness

Promote health

Restore health

Technical

CONTENTS

1. Introduction

2. Historic Perspectives on Nursing

3. Definitions of Nursing

4. Aims of Nursing

5. Nursing roles

6. Nursing history in Iraq

7. References

1. Introduction

Nursing is a profession focused on assisting individuals, families, and communities to attain, recover, and maintain optimum health and function from birth to old age.

Nursing care involves any number of activities, from carrying out complicated technical procedures to something as seemingly simple as holding a hand.

Nursing is a blend of science and art. The science of nursing is the knowledge base for the care that is given, and the art of nursing is the skilled application of that knowledge to help others reach maximum health and quality of life.

2. Historic Perspectives on Nursing

► Development of Nursing from Early Civilizations to the 16th Century

- ❖ Most early civilizations the nurse usually was the mother who cared for her family during sickness by providing physical care and herbal remedies.
- ❖ As civilizations grew, temples became the centers of medical care because of the belief that illness was caused by sin and the gods' displeasure. Priests were highly regarded as physicians and the nurse was viewed as a slave, carrying out menial tasks based on the orders of the priest physician.
- ❖ The ancient Hebrews developed rules through the Ten Commandments and the Mosaic Health Code for Nurses cared for sick people in the home and the community and also practiced as nurse–midwives
- ❖ Early Christian period, nursing began to have a formal and more clearly defined role. Led by the idea that love and caring for others were important, women called deaconesses made the first organized visits to sick people, and members of male religious orders gave nursing care and buried the dead.
- ❖ Early middle Ages ended in chaos, nursing had developed purpose, direction, and leadership.
- ❖ At the beginning of the 16th century: many Western societies changed from having a religious orientation to emphasizing warfare, exploration, and expansion of knowledge. Many monasteries and convents closed, leading to a tremendous shortage of people to care for the sick. To meet this need, women who had committed crimes were recruited into nursing in lieu of serving jail sentences. In addition to having a poor reputation, nurses received low pay and worked long hours in unfavorable conditions.

► The middle of the 18th century to the 19th century

Social reforms changed the roles of nurses and of women in general. It was during this time that nursing as we now know it began, based on many of the beliefs of Florence Nightingale.



Born in 1820 to a wealthy family, she grew up in England, was well educated, and traveled extensively. Despite strong opposition from her family, Nightingale began training as a nurse at the age of 31. The outbreak of the Crimean War and a request by the British to organize nursing care for a military hospital in Turkey gave Nightingale an opportunity for achievement.

☒ Florence Nightingale's contributions include:

- Identifying the personal needs of the patient and the role of the nurse in meeting those needs
- Establishing standards for hospital management
- Establishing a respected occupation for women
- Establishing nursing education
- Recognizing the two components of nursing: health and illness
- Believing that nursing is separate and distinct from medicine
- Recognizing that nutrition is important to health
- Instituting occupational and recreational therapy for sick people
- Stressing the need for continuing education for nurses
- Maintaining accurate records, recognized as the beginnings of nursing research

► Development of Nursing from the 19th to 21st Centuries

- ❖ Large numbers of women worked outside the home. They became more independent and assertive.
- ❖ Efforts were directed at upgrading nursing education.

- ❖ Schools of nursing, founded in connection with hospitals,
- ❖ Schools of nursing were based on educational objectives and were increasingly developed in university and college settings, leading to degrees in nursing for men, women, and minorities.
- ❖ Nursing has broadened in all areas, including practice in a wide variety of healthcare settings, the development of a specific body of knowledge,
- ❖ The conduct and publication of nursing research,
- ❖ Recognition of the role of nursing in promoting health.
- ❖ Increased emphasis on nursing knowledge as the base for evidence-based practice has led to the growth of nursing as a professional discipline.

3. Definitions of Nursing

- ❖ The word nurse originated from the Latin word *nutrix*, meaning “to nourish.”
- ❖ The International Council of Nurses (2002): Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups, and communities, sick or well and in all settings.

Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled, and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

- ❖ The American Nurses Association (ANA): nurses focus on human experiences and responses to birth, health, illness, and death within the context of individuals, families, groups, and communities.

The knowledge base for nursing practice includes diagnosis, interventions, and evaluation of outcomes from an established plan of care.

The central focus in all definitions of nursing is the patient (the person receiving care) and includes the physical, emotional, social, and spiritual dimensions of that person.

Nursing is no longer considered to be concerned primarily with illness care. Nursing’s concepts and definitions have expanded to include the prevention of illness and the promotion and maintenance of health for individuals, families, and communities.

4. Aims of Nursing:

1. To promote health
2. To prevent illness
3. To restore health
4. To facilitate coping with disability or death

To meet these aims, the nurse uses knowledge, skills, and critical thinking to give care in a variety of traditional and expanding nursing roles.

Nurses use four essential competencies:

- ✓ Cognitive,
- ✓ Technical,
- ✓ Interpersonal, and
- ✓ Ethical/legal skills to provide safe and knowledgeable care.

Cognitively skilled nurses are able to accomplish the following:

- ☒ Offer a scientific rationale for the patient's plan of care (sciences include nursing and medical science, as well as basic sciences, such as chemistry, microbiology, anatomy, physiology, psychology, sociology, and anthropology)
- ☒ Select those nursing interventions that are most likely to yield the desired outcomes
- ☒ Use critical thinking to solve problems creatively
- ☒ Manipulate equipment skillfully to produce a desired outcome or result.

Technically skilled nurses are able to accomplish the following:

- ☒ Use technical equipment with sufficient competence and ease to achieve goals with minimal distress to participants involved.
- ☒ Creatively adapt equipment and technical procedures to the needs of individual patients in diverse circumstances

Nurses skilled in interpersonal relations are able to accomplish the following:

- ☒ Use interactions with patients, their significant others, and colleagues to affirm their worth
- ☒ Elicit the personal strengths and abilities of patients and their significant others to achieve valued health goals
- ☒ Provide the healthcare team with knowledge about the patient's valued goals and expectations

- ☒ Work collaboratively with other members of the health care team as a respected and credible colleague to reach valued goals

Nurses skilled in ethical/legal competence are able to accomplish the following:

- ☒ Be trusted to act in ways that advance the interests of patients
- ☒ Be accountable for their practice to themselves, the patients they serve, the caregiving team, and society
- ☒ Act as effective patient advocates
- ☒ Mediate ethical conflicts among the patient, significant others, the healthcare team, and other interested parties
- ☒ Practice nursing faithful to the tenets of professional codes of ethics and appropriate standards of practice
- ☒ Use legal safeguards that reduce the risk of litigation

5. Nursing roles:

Role	Function
Caregiver	The provision of care to patients that combines both the art and the science of nursing in meeting physical, emotional, intellectual, sociocultural, and spiritual needs. As a caregiver, the nurse integrates the roles of communicator, teacher, counselor, leader, researcher, advocate, and collaborator to promote wellness through activities that prevent illness, restore health, and facilitate coping with disability or death. The role of caregiver is the primary role of the nurse.
Communicator	The use of effective interpersonal and therapeutic communication skills to establish and maintain helping relationships with patients of all ages in a wide variety of healthcare settings
Teacher/Educator	The use of communication skills to assess, implement, and evaluate individualized teaching plans to meet learning needs of patients and their families
Counselor	The use of therapeutic interpersonal communication skills to provide information, make appropriate referrals, and facilitate the patient's problem-solving and decision-making skills
Leader	The assertive, self-confident practice of nursing when providing care, effecting change, and functioning with groups
Researcher	The participation in or conduct of research to increase knowledge in nursing and improve patient care
Advocate	The protection of human or legal rights and the securing of care for all patients based on the belief that patients have the right to make informed decisions about their own health and lives
Collaborator	The effective use of skills in organization, communication, and advocacy to facilitate the functions of all members of the healthcare team as they provide patient care

Promoting Health

Health is a state of optimal functioning or well-being. As defined by the World Health Organization, one's health includes physical, social, and mental components and is not merely the absence of disease or infirmity.

Health promotion is motivated by the desire to increase a person's well-being and health potential. A person's level of health is affected by many different interrelated factors that

either promote health or increase the risk for illness. These factors include genetic inheritance, cognitive abilities, educational level, race and ethnicity, culture, age and gender, developmental level, lifestyle, environment, and socioeconomic status.

Preventing Illness

The objectives of illness-prevention activities are to reduce the risk for illness, to promote good health habits, and to maintain optimal functioning.

Nurses prevent illness primarily by teaching and by personal example. Such activities include the following:

- ☒ Educational programs in areas such as prenatal care for pregnant women, smoking-cessation programs, and stress-reduction seminars
- ☒ Community programs and resources that encourage healthy lifestyles, such as aerobic exercise classes, “swimnastics,” and physical fitness programs
- ☒ Literature, television, radio, or Internet information on a healthy diet, regular exercise, and the importance of good health habits
- ☒ Health assessments in institutions, clinics, and community settings that identify areas of strength and risks for illness

Restoring Health

Activities to restore health encompass those traditionally considered to be the nurse’s responsibility. These focus on the individual with an illness and range from early detection of a disease to rehabilitation and teaching during recovery. Such activities include the following:

- ☒ Monitoring the signs or symptoms of a disease to keep the plan of care responsive to the patient’s changing status
- ☒ Referring questions and abnormal findings to other healthcare providers as appropriate
- ☒ Providing direct care of the person who is ill by such measures as giving physical care, administering medications, and carrying out procedures and treatments
- ☒ Collaborating with other healthcare providers in providing care
- ☒ Planning, teaching, and carrying out rehabilitation for illnesses such as heart attacks, arthritis, and strokes
- ☒ Working in mental health and chemical-dependency programs

Facilitating Coping with Disability and Death

Nurses facilitate patient and family coping with altered function, life crisis, and death. *Altered function decreases an individual's ability to carry out activities of daily living and expected roles.* Nurses facilitate an optimal level of function through:

- ☒ Maximizing the person's strengths and potentials,
- ☒ Through teaching,
- ☒ Through referral to community support systems
- ☒ Provide care to both patients and families' during end-of-life care, and they do so in hospitals,
- ☒ Long-term care facilities and homes.
- ☒ Nurses are active in hospice programs, which assist patients and their families in preparing for death and in living as comfortable as possible until death occurs.

6. Nursing history in Iraq

The first formal nursing programme was established in 1933 in Baghdad. From their inception, nursing programmes had difficulty recruiting well qualified men and women. Nursing was limited by cultural norms that restrict employment options for women and their ability to deal with the physical needs of unrelated people. The 1975 Free Educational Law promoted access to education and facilitated nurses to study abroad. Since 1982 men have been recruited into the field along with women. Ironically, most present-day Iraqi nursing leaders have Masters or Doctorates from developed countries. These were acquired in the years before Iraq descended into conflict and instability. In 1962 a college of nursing was established under World

Health Organization (WHO) administration at the University of Baghdad. The college prepared nurses as hospital administrators or faculty for other schools. Many of the faculty were recruited from abroad and had little knowledge of Iraqi society. In 1986 a Master's programme was established and clinical specialties are now offered in medical-surgical and psychiatric nursing, obstetric and pediatric nursing. Instruction is considered to be of high quality and about half of the students come from other countries. Few, however, provide service to the Iraqi public upon graduation.

Only after the Gulf War of 2003 were salaries raised and educational differentials introduced. Salaries currently range from \$60– \$300 per month. Professional standards are non-existent and no system of licensure or credentialling exists. Their development will be important to gain respect, stability and identity for the field of nursing. Yet because of

ongoing conflict and a lack of unity among leading nurses, these projects have hardly begun. Graduates of nursing programmes are now assigned to a wide range of institutions to cover the nursing shortage without regard to interests or experience. Iraq recruited many foreign nurses in the 1980s. In 1989 there were a total of 12 687 nurses, including 5932 baccalaureate graduates (Ministry of Health, Baghdad, Iraq, unpublished data).

7. References

- Taylor, C., et al.: **Fundamentals of Nursing: The Art and Science of Nursing care**, 7th ed., 2011, Lippincott. P.P. (5-14).
- Garfield R. and McCarthy C.F. (2005), **Nursing and nursing education in Iraq: challenges and opportunities**. International Nursing Review 52, 180–185.